

Exhibit C

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CONFIDENTIAL PSYCHOLOGICAL REPORT January 22, 2015

Name: Jeffrey J. Bradley

Date of Birth: [REDACTED]

Chronological Age: 53

Sex: Male

Date of Assessment: 1/12/2015

Examiner: Eric G. Mart, Ph.D., ABPP

Referral Information

Mr. Bradley was referred for psychological evaluation by his attorney. He is currently involved in a personal injury lawsuit related to circumstances in which his family home was repossessed and many of his possessions were destroyed. This evaluation was requested to provide information regarding his current mental state and the relationship between any psychiatric symptoms and the loss of his home.

Mr. Bradley was seen for this assessment in my office in Portsmouth, New Hampshire. Before beginning the assessment, I reviewed my evaluation consent form with Mr. Bradley. We discussed the purpose of the evaluation, the techniques I would be employing, and the limits of confidentiality for this assessment. Mr. Bradley appeared to understand these issues and was willing to proceed with the evaluation.

Evaluation Techniques

Mental Status Evaluation

Clinical Interview

Personality Assessment Inventory (PAI)

Trauma Symptom Inventory-2 (TSI-2)

Mental Status Examination

Appearance	Consistent with chronological age
Level of Consciousness	Alert
Attentiveness to Examiner	Engaged
Posture	Normal
Attire	Casual
Grooming	Adequate
Eye Contact	Appropriately focused
Notable Physical Characteristics	None
Facial Expression	Cheerful, at times anxious

RE: Jeffrey J. Bradley
January 22, 2015

Page 2

Attitude	Cooperative
Movement	No abnormalities
Affect	Full range, appropriate to content of interview, anxious, depressed and tearful at times
Speech	Fluid, normal in volume and amount
Thought Processes	Logical and coherent
Thought Content	No abnormal content
Abstraction	Unimpaired
Insight	Good
Judgment	Good

Clinical Interview

Mr. Bradley was born and raised in Nashua and Hampton, New Hampshire, by both of his biological parents. He described his relationship with his mother as loving and warm. He told me that he was “pretty close” to his father but that his father worked a great deal and was an alcoholic. Mr. Bradley’s parents were both high school graduates, and he describes his upbringing as middle class in terms family income. Mr. Bradley has one younger brother, with whom he has a positive relationship. He was raised in the Catholic faith and went to church on a weekly basis as a child and adolescent. He describes the general climate of his family when he was growing up as happy and supportive. Mr. Bradley feels that his parent’s expectations of him were reasonable and appropriate. He denies experiencing any significant traumatic events as a child or adolescent.

I questioned Mr. Bradley about his early educational history. He told me that he attended Catholic schools until his senior year, when his family moved to Hampton and he attended Winnacunnet High School. Mr. Bradley told me that he had some initial difficulty adjusting to school and that his attitude towards school varied from positive to negative. As a child he was diagnosed with attention deficit-hyperactivity disorder and took psychostimulant medication. He does not recall ever being retained in elementary school.

Mr. Bradley attended St. Louis Middle School and went to Bishop Guertin High School for one year. When he transferred to Winnacunnet High School he repeated a year, and his grades were much improved. In high school he played hockey and football, and he was also involved in music-related activities. Mr. Bradley graduated from high school and attended classes at Hesser College and the University of New Hampshire, and he also took courses at the New England Conservatory.

Mr. Bradley was divorced from his first wife four years ago. He has three daughters who are all in their twenties and living independently. He told me that his wife had a serious car accident in 1997 and that this caused both emotional and financial stress for the family, but that this resolved when his wife recovered.

Mr. Bradley told me that he has generally worked as a musician and a disc jockey. He told me that his DJ business has been very busy for years, and that he works weddings and parties. He also said that he worked at Home Depot for eight years, but he left his job because depression

RE: Jeffrey J. Bradley
January 22, 2015

Page 3

and a general lack of energy made him feel unable to continue working there. He also said that, having lost his home to foreclosure, it was painful for him to assist people who were making improvements in their own homes. He has also had difficulty remaining positive in his work as a disc jockey when he is working weddings, as he feels that the events surrounding the loss of the family home destroyed his marriage.

I questioned Mr. Bradley regarding his substance use history. He has never been a smoker. He told me that he uses alcohol very rarely on social occasions, and that he has never had problems with access consumption. He reports that in the past he used marijuana on a number of occasions but did not like the feeling it gave him. He also reports having tried cocaine once or twice in the past.

Mr. Bradley denies any juvenile conduct problems or adult arrests.

With regard to health status, Mr. Bradley told me that he had no medical problems as a child or adolescent beyond minor injuries and normal illnesses. As an adult he has been treated for hyperlipidemia; he told me that he has been prescribed statins in the past, but at present he does not have insurance and cannot pay for the medications. He also suffers from arthritis.

Mr. Bradley reports that in early adolescence he had counseling related to his attention deficit-hyperactivity disorder. He denies having been psychiatrically hospitalized prior to adulthood and said that he has never engaged in any form of self-harm. Mr. Bradley reports that he has had psychological issues since 2005. He said that he has been diagnosed with depression and possibly bipolar disorder, although the latter diagnosis is unclear. Mr. Bradley reports that he spent several days in Hampstead Hospital in 2006 as a result of suicidal ideation. He reports that at present he suffers from continuous depression, which he characterizes as severe. Reported symptoms of depression include loss of interests, guilt, vegetative symptoms, insomnia, weight gain, and loss of sex drive. Mr. Bradley also reports moderate to severe symptoms of anxiety which occur on a frequent basis. Symptoms include chest pain, palpitations, dizziness, profuse sweating, and gastrointestinal distress. Mr. Bradley has also experienced several panic attacks. He reports that he just started seeing a therapist and that he will be seeing a psychiatrist in the future.

I questioned Mr. Bradley about his current problems. He told me that he obtained a mortgage on his home prior to 2005. The mortgage was sold without his knowledge, and as a result he was making his payments to the wrong bank. He told me that he became aware of the problem in 2005. The bank that had bought the mortgage tried to auction off his home for nonpayment. Mr. Bradley reports that he tried to address this problem with the bank and showed them his canceled receipts, but that the bank was uninterested in resolving the issue. He told me that he began making double payments, and that the bank that had originally owned the mortgage sent the money he paid it to the bank that now owned the mortgage.

Mr. Bradley told me that he went to court and the judge stopped the auction, and an agreement was made that he was to contact someone at the bank that now held the mortgage. He attempted to do so on many occasions without success. Mr. Bradley contacted the New Hampshire Banking Department, but they were unhelpful. He told me that the bank seemed to have lost the mortgage,

RE: Jeffrey J. Bradley
January 22, 2015

Page 4

and that there was no one he could speak with to resolve the situation. Mr. Bradley reports that the stress caused by the possibility of losing his home created problems in his family. He had arguments with his wife and daughters and the police came to the house on a number of occasions, although he was not arrested. Other stressors around this time included his father's dementia and the death of his wife's mother. Mr. Bradley received notice of foreclosure in March 2011. He told me that he called his lawyer, but that the bank padlocked his home, and that all of his family's possessions ended up in a dumpster and were mostly destroyed. Because of the stress, his wife moved to an apartment, and they eventually divorced. Mr. Bradley told me that the whole experience "really destroyed" the family, and that he is having difficulty functioning at present due to his anxiety and depression related to this situation.

Test Results

Personality Assessment Inventory (PAI)

The Personality Assessment Inventory (PAI) is an objective test of personality. It consists of 344 statements which the subject can answer as being false, slightly true, mainly true or very true. The PAI is scored on a number of validity and clinical scales designed to provide a picture of the subject's approach to testing, as well as indications of the current level of psychopathology and adaptive functioning.

On the PAI, Mr. Bradley's validity scale configuration indicates that he was open and honest in approaching the instrument, and that the profile is valid. As a result, his scores on the clinical and supplemental scales of the test are likely to provide an accurate picture of his current psychological functioning.

Mr. Bradley's score on the Depression scale indicates a level of symptoms which is unusual even in the clinical population. He feels hopeless, discouraged and useless. Individuals scoring at this level tend to be socially withdrawn and feel misunderstood by and unimportant to others. Mr. Bradley has little energy to pursue social role responsibilities. Suicidal ideation is common in individuals with scores in this range.

Mr. Bradley is experiencing high levels of anxiety and is very worried and concerned about his current situation. Individuals with this level of anxiety-related cognitive symptoms experience levels of rumination and negative expectations which are often debilitating. He is experiencing high levels of subjective tension, has difficulty relaxing, and is easily fatigued as the result of stress. He is also experiencing physiological symptoms of anxiety, including racing heart, sweaty palms and dizziness. In addition, Mr. Bradley is experiencing symptoms related to traumatic stress.

There are indications that Mr. Bradley is suffering from significant symptoms of persecutory ideation. Mr. Bradley is bitter and resentful about the way he has been treated by others, and he has come to believe that others will attempt to exploit him at every opportunity. Additionally, his thought processes are marked by confusion, distractibility and difficulty concentrating, and it is likely that he experiences his thoughts as blocked, withdrawn, or somehow influenced by others.

RE: Jeffrey J. Bradley
January 22, 2015

Page 5

Of particular concern is Mr. Bradley's extreme elevation on the Suicidal Ideation scale. There are indications that Mr. Bradley is morbidly preoccupied with death and suicide. A review of the critical items that make up the scale indicate that Mr. Bradley endorsed items related to having made plans about how he might kill himself and that he is actually considering suicide. Given his high levels of depression, anxiety and confused thought processes, his potential for committing suicide must be considered to be elevated.

Trauma Symptom Inventory-2

The Trauma Symptom Inventory-2 (TSI-2) is an objective psychological test designed to assess acute and chronic symptoms related to such events as sexual assault, childhood abuse and major accidents. It is designed to assess acute symptoms as well as those associated with chronic psychological trauma.

Mr. Bradley's scores on the validity scales of the TSI-2 indicate that he approached the instrument in a straightforward manner and did not attempt to exaggerate symptoms. As a result, his scores on the clinical scales are likely to be an accurate reflection of his level of trauma-related symptoms.

Mr. Bradley had a clinical-level elevation on the Anxious Arousal scale. Individuals with elevations on this scale are experiencing symptoms of anxiety including fears, phobias and panic, as well as autonomic hyperarousal symptoms, including tension and jumpiness.

Mr. Bradley's elevated score on the Depression scale indicates that he is experiencing frequent feelings of sadness and happiness. He perceives himself as worthless and inadequate, and views the future as hopeless.

High scores on the Intrusive Experiences scale indicate that the subject is experiencing symptoms such as nightmares, flashbacks, and upsetting memories that are easily triggered by current events.

Mr. Bradley produced a clinically elevated score on the Dissociation scale. Dissociation is defined as a largely unconscious, defensive alteration of awareness developed as a response to overwhelming psychological distress. Symptoms include cognitive disengagement, depersonalization and derealization. Individuals who produce high scores on this scale report distractibility, "spacing out," and feeling out of touch with their emotions and sense of self.

Mr. Bradley had a clinical-level elevation on the Suicidality scale. A review of the subscales for this scale indicate that Mr. Bradley experiences thoughts and fantasies related to suicide and death. There are also indications that he has engaged in previous suicide attempts in the last six months.

Mr. Bradley also produced a clinical-level elevation on the Impaired Self Reference scale. Individuals with elevations on this scale often have less self-knowledge and self-confidence than others, and their behavior and feelings may vary significantly according to the interpersonal context, due to their lack of a stable sense of self.

RE: Jeffrey J. Bradley
January 22, 2015

Page 6

Mr. Bradley's elevated score on the Tension Reduction Behavior scale indicates that he is having difficulty regulating his emotions and uses behavioral means to reduce his distress. Behaviors associated with elevations on this scale include self-destructive or self-injurious actions, aggression, dysfunctional eating, and throwing or hitting things when upset.

Summary and Conclusions

The results of this evaluation indicate that Mr. Bradley is suffering from marked emotional distress associated with significant impairment in functioning at the present time. He is experiencing high levels of unhappiness, moodiness and attention. His self-esteem is quite low, and he views himself as ineffective and powerless to change his current situation. The disruptions in his life have left him uncertain about his goals and priorities, and he is quite pessimistic about the future. Mr. Bradley has difficulty concentrating and making decisions, and the combination of hopelessness, agitation, confusion and stress place him at increased risk for self-harm. At the present time I would diagnose him as follows.

Axis I: Major Depressive Disorder, Single Episode, Severe
 Generalized Anxiety Disorder
 Rule Out Panic Disorder without Agoraphobia
 Axis II: Deferred
 Axis III: No Diagnosis
 Axis IV: Disruption Family by Separation and Divorce, Problems Related to Other Legal
 Circumstances
 Axis V: Global Assessment of Functioning-20

I am particularly concerned about Mr. Bradley's potential for self-harm or suicide at the present time. Mr. Bradley was present in the office when I scored his psychological tests, and I discussed this issue with him. Mr. Bradley told me that he did have suicidal ideation but did not believe that he would act on his urges at the present time. I discovered that he would be seeing his therapist the next day. We agreed that he would give a copy of the PAI to his therapist, who would then contact me to confirm that he was aware of this problem. This occurred, and arrangements were made for Mr. Bradley to see the clinic's psychiatrist on an expedited basis.

With regard to causation, all of the available information indicates that Mr. Bradley's severe depression and anxiety are directly related to the loss of his home and possessions and the associated breakup of his family. While there are some indications that he had a tendency to engage in potentially risky behaviors without sufficient forethought in the past, these behaviors were likely related to his previously diagnosed attention deficit-hyperactivity disorder and were not sufficiently severe as to have a significant impact on his ability to function in social and occupational roles.

With regard to treatment, it appears that Mr. Bradley is in the process of developing a positive relationship with his current therapist. It is also likely that appropriate psychopharmacological intervention may improve his symptoms to the point where he is better able to function. Potential obstacles to improvement include his isolation and difficulty trusting others. It may be necessary to provide him with supportive therapy until psychiatric intervention reduces his disorganization

RE: Jeffrey J. Bradley
January 22, 2015

Page 7

enough that he can begin to engage in more focused interventions designed to address his current difficulties.

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